



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Water Management Act Program

WMA Form B

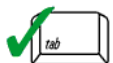
Groundwater Withdrawal Point

Please provide a separate Form B for each withdrawal point source. Please answer only if the requested information is known and reliable.

A. Withdrawal Point Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Name and Address of Withdrawal Point

Name of Withdrawal Point

Street Address

City

State

Zip Code

Source Code (for public water supplies)

2. Has this well been registered?

☐ Yes

☐ No

Month and year put in operation or planned:

3. Has this well been in regular operation at any time?

☐ Yes

☐ No

Month and year put in operation or planned:

4. USGS quadrangle name:

5. Latitude and Longitude:

Latitude

Longitude

Please provide a locus map of the withdrawal and any associated reservoirs or ponds.

B. Geologic Information

1. Aquifer type: ☐ Bedrock ☐ Confined ☐ Unconfined

2. Depth to bedrock:

feet

C. Well Information

1. Well type: ☐ Gravel pack ☐ Gravel developed ☐ Tubular well field ☐ Dug well

☐ Other (describe): _____

2. Year to be installed (if not already installed): _____

3. Well depth: _____

4. Depth to water level when installed: _____



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C. Well Information (cont'd)

5. Name and address of well driller:

Name of Withdrawal Point

Street Address

City

State

Zip Code

D. Pumping Information

1. Was a pump test conducted on this well? ☐ Yes ☐ No

If yes, provide date: _____

Firm conducting the test: _____

If no, is one planned? ☐ Yes ☐ No

Items 2-7 are for Public Water Supplies.

2. Has a Zone II delineation been performed for this well? ☐ Yes ☐ No

3. If yes, has this Zone II been approved by the Department? ☐ Yes ☐ No

4. Date of Zone II delineation _____

5. Firm conducting Zone II delineation _____

6. What is the maximum daily withdrawal rate? _____

7. Is this a DEP-approved withdrawal rate? ☐ Yes ☐ No

E. Meter Information

1. If in operation, is this well metered? ☐ Yes ☐ No

2. If proposed, when will meter(s) be installed? _____
Date

3. Type of flow measurement device installed or planned:

☐ weir ☐ flume ☐ venturi ☐ other meter ☐ other (describe): _____

4. Capacity of flow measurement device: _____

5. Recordings are: ☐ continuous ☐ manual

6. Last date of calibration, if in operation: _____